

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 A
Secretary of State

DOCUMENT # L06000024056

1. Entity Name
LAKESHORE BODY, LLC



Principal Place of Business
4264 WESTROADS DRIVE
WEST PALM BEACH, FL 33407

Mailing Address
4264 WESTROADS DRIVE
WEST PALM BEACH, FL 33407



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4464126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOWMAN, GILBERT T JR
4264 WESTROADS DR
WEST PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BOWMAN, GILBERT T JR.
4264 WESTROADS DRIVE
WEST PALM BEACH, FL 33407

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CITY-ST-ZIP

11000000870368
04/09/08-80088-020 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/08
Date

561-844-4611
Daytime Phone #